Division of Program Compliance – Audits Branch 11401 S. Bloomfield Avenue, Unit 203, 2nd Floor Norwalk, CA 90650 (562) 406-3929, FAX (562) 406-3951

JUL 2 2 2009

James A. Waterman, Ph.D., Director Kern County Mental Health Services 3300 Truxton Avenue, Suite 290 Bakersfield, CA 93301

Dear Dr. Waterman:

AUDIT REPORT - KERN COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Kern County Mental Health Services for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

	<u>Settled</u>	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 23,813,575	\$ 24,247,241	\$ 433,667
Federal Share of Healthy Families/Medi-Cal	\$ 526,237	\$ 516,106	\$ (10,131)
State General Funds EPSDT Due State	\$ 6,918,293	\$ 6,695,059	\$ (223,234)

If you disagree with any of the results of this audit, you may request an informal appeal conference.

James A. Waterman, Ph.D., Director Kern County Mental Health Services

Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

RÁQUEL RIOS, Supervisor Audits - Southern Region

Enclosures

Certified Mail



Memorandum

To:

Sara Murillo, MBA, Chief

Date:

July 22, 2009

Financial Services Administrative &

Fiscal Services Division

From:

Division of Program Compliance

Telephone: (562) 406-3929

Audits Branch

Subject: KERN COUNTY DMH AUDIT REPORT, FPE: JUNE 30, 2005

Attached is our audit report of Kern County Department of Mental Health Medi-Cal cost report for Fiscal Year 2004-2005. The audit report shows audited FFP costs for Medi-Cal; Healthy Families; and EPSDT State General Funds as follows:

Medi-Cal Title 19	FFP	\$ 24,247,241
Healthy Families Title 21	FFP	\$ 516,106
State General Funds	EPSDT	\$ 6,695,059

These audited amounts must be compared to the most current State payments to determine the amount due to the County or the State, as the case may be, and notification be sent to the county. As you know, this procedure was the responsibility of County Financial Program Support (Cost Reporting) in the past but is now a function of the Accounting office.

If you or your staff have any questions or comments, please contact me at the above number.

> RAQUEL RIOS, Supervisor Audits, Southern Region

Division of Program Compliance – Audits Branch 11401 S. Bloomfield Ave., Bldg. 203, 2nd Floor Norwalk, CA 90650-2015 (562) 406-3929 Fax: (562) 406-3951

July 22, 2009

Irvin B. White, Jr., Chief Medi-Cal Benefits, Waiver Analysis and Rates Division Department of Health Care Services 1501 Capitol Avenue, Suite 71.4115 MS 4601 Sacramento, CA 95814

RE: DMH/DHCS Interagency Agreement for Contract # 02-25271

Dear Mr. White:

Attached is our audit report of Los Angeles County Department of Mental Health dated July 22, 2009. In accordance with Section 433.316 of Title 42 of the Code of Federal Regulations, Kern County Department of Mental Health has received a net underpayment/ (overpayment) of federal funds for fiscal year 2004-2005 as follows:

Medi-Cal - Title XIX

FFP

433,667

Healthy Families - Title XXI

FFP

(10,131)

The report specifies that if the provider has any disagreement with the audit findings, it must notify the State Department of Health Care Services, Audit Appeals, Attn: Mr. John Melton and request an informal conference within 60 days of receipt of this report.

If you have any questions or need additional documentation, please contact me via e-mail at Walter.Hill@dmh.ca.gov or (916) 445-1570.

Sincerely.

 $m VALTER^{\it U}\! J$. HILL, Jm R., MBA, EA

Chief of Audits

cc: Dina Kokkos-Gonzales, Chief, Waiver Analysis Section, DHCS
Lanette Castleman, Interim Program Administrator, DMH
Rita McCabe, LCSW, Branch Chief, Medi-Cal Mental Health Policy, DMH
Sara Murillo, Chief, Accounting and Fiscal Systems, DMH

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

NET REIMBURSABLE MEDI-CAL PROGRAM COSTS		-	As Settled		Audit Adjustments	As Audited
COUNTY PROVIDERS MEDI-CAL - FFP	(Sch. 2a)	\$	16,217,317	\$	801,179 \$	17,018,495
HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PROVIDERS	(Sch. 2a)	s <u>_</u>	232,734 16,450,051	· s _	(6,407) 794,771 \$	226,327 17,244,823
CONTRACT PROVIDERS MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - CONTRACT PROVIDERS	(Sch. 3b) (Sch. 3b)	\$ \$	7,596,258 293,503 7,889,761	\$ - - -	(367,512) \$ (3,724) (371,236) \$	7,228,746 289,779 7,518,525
TOTAL FFP - COUNTY PLUS CONTRACT I MEDI-CAL - FFP HEALTHY FAMILIES - FFP TOTAL FFP - COUNTY PLUS CONTRACT I		\$ \$ 	23,813,575 526,237 24,339,812	\$. \$. =	433,667 \$ (10,131) 423,535 \$	24,247,241 516,106 24,763,348
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch 4)	===	6,918,293	. =	(223,234) \$	6,695,059

Note: * The As Settled amount includes a refund of \$288,813 to the State subsequent to the initial EPSDT Settlement dated Sept. 6, 2006. (Refer to adjustment number 78.)

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL

COUNTY OF BRATES PERSONAL					Audit		
			As Settled		Adjustments		As Audited
Total Medi-Cal Gross Reimbursement		_	715 Bettled		7 tajustinents	_	710 / 144/104
Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	634,025	\$	2,746,456	\$	3,380,481
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	•	25,984,080	•	(927,232)	•	25,056,848
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0		0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		. 0		0		0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		326,327		(19,147)		307,180
9. Total	,	\$_	26,944,431	\$	1,800,078	\$ =	28,744,509
Less: Patient & Other Payor Revenues							
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	168,830	\$	0 5	\$	168,830
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		58,402		8,161		66,563
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		. 0		0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		_ 0		_ 0
18. Total		\$	227,232	\$	8,161	\$ <u></u>	235,393
Medi-Cal Net Reimbursement for Direct Services							
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	465,195	\$	2,746,456	\$	3,211,651
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		25,925,678		(935,393)		24,990,285
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	_	326,327	_	(19,147)	_	307,180
25. Total		\$ =	26,717,199	. \$ <u>.</u>	1,791,917	\$ _	28,509,116
Medi-Cal MAA Reimbursement							
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 9	\$	0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	_	0	_	0	_	0
29. Total		\$	0	\$_	0 s	\$	0

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL					Audit		
			As Settled		Adjustments	_	As Audited
Amount Negotiated Rates Exceed Cost						_	
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		.0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total		\$_	0	\$	0	\$_	0
		_		: 3		=	
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$_	6,407,561	\$_	162,630	\$_	6,570,191
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$_	4,033,914	\$	(208,706)	\$_	3,825,208
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$_	4,033,914	\$_	(208,706)	\$_	3,825,208
		_				Ī	
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$	7 <u>7,78</u> 7	\$_	(2,488)	\$_	75,299
41. Healthy Families Administration	(MH1979, Ln 9)	\$	31,726	\$	9,290	\$	41,016
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	31,726	\$_	9,290	\$_	41,016
				_		_	
Utilization Review Reimbursement					Α.		
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	660,720	\$_	0	\$_	660,720
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	1,018,767	\$_	0	\$_	1,018,767
				_			
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	13,195,436	\$	905,532	\$	14,100,968
46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		0		0
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		2,016,957		(104,353)	*	1,912,604
50. U.R. Skilled Professional	(MH1979, Ln 14)		495,540		0		495,540
51. U.R. Other	(MH1979, Ln 15)		509,384		0		509,384
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0	_	0	_	0
53. Subtotal- FFP		\$	16,217,317	\$ _	801,179	\$_	17,018,495
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj #)	_	0	_	0		0
56. Total SD/MC Reimbursement - FFP		\$ <u></u>	16,217,317	\$ =	801,179	\$ =	17,018,495
Net Healthy Families Reimburgement - FFP							
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	212,112	\$	(12,445)	\$	199,667
58. Negotiated Rate Exceed Costs	(MH1979, Ln 2 6)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	20,622	_	6,039	_	26,660
60. Total Healthy Families Reimbursement - FFP		\$	232,734	\$_	(6,407)	\$ _	226,327
61. Total - FFP (Ln 56 + Ln 60)		\$	16,450,051	\$	794,772	\$	17,244,823
							(To Sch. 1)

KERN COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

AUDITED

	gal tity	(1) Medi-Cal and Crossover Gross Reimb.	(2) Enhanced - Children Gross Reimb.	(3) Enhanced - Refugees Gross Reimb,	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Reimb,	(B) Medi-Cal and Crossover Gross Reimb.	(7) Enhanced - Children Gross Reimb.	(B) Enhanced - Refugees Gross Reimb.	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Reimb.
Nu	nber <u>Legal Entity</u>		I N P	A T 1	N T			O U T	P A T 1	E N T	
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00	405 Henrietta Weill Memorial Child 406 Turning Point of Central CA 409 The Anne Sippi Clinic	0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$ 0 \$	0 \$ 0 \$ 0 \$	278,330 \$ 1,118,784 \$	0 \$	0 \$ 0 \$	4,294,975 \$ 278,330 \$ 1,118,784 \$ 2,488,948 \$	250,220 0 0
00	562 Clinica Sierra Vista 975 College Community Services 223 Community Service Organization	5 0 5 0 5	0 \$ 0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$	6,195,031 \$ 86,499 \$	0 \$	0 \$ 0 \$	6,195,031 \$ 86,499 \$	116,568 79,025 0
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	GRAND TOTAL	ss	O \$	0 \$		0 9	14,462,567	0 9	0 \$	14,462,567 \$	445,813

KERN COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		×	(11) Total	(12) Healthy	(13) Total		(14) Healthy		(15) Total		(15)		(17) Total	(18)	Total
Legal Entity			Revenue (Excl. HFP)	Families Revenue	Revenue (Excl. HFP)		Families Revenue	,	Net Cost Excl. HFP)	На	Net Cost aithy Families		Net Cost (Excl. HFP)	Net Cost Healthy Families	MAA FFP
Number	Legal Entity	Г	INPAT			AT	E E N T							STATE EN COMPANY	Reimbursement
114111-01	<u> </u>	Ŀ	(MH 1968,	(MH 1968,	(MH 1968	327.57.47.	(MH 1968,		(Col 4-11)	*****	(Col 5-12)	ننه	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)		Ln 31)		,		,		,	. ,	Ln 11-13)
00405	Henrietta Weill Memorial Child	\$	0 \$	o :			0			\$	0		4,289,902 \$		
00406	Turning Point of Central CA	\$	0 \$			\$	0	•		\$	0		278,330 \$		
00409 00562	The Anne Sippi Clinic Clinica Sierra Vista	\$	0 \$ 0 \$	0 :	i c		0	\$ \$		\$ \$	0		1,118,784 \$ 2,488,948 \$		
00975	College Community Services	2	0.\$	0 .	,		0	¢.	0	e.	0		6,195,031 \$		
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	GRAND TOTAL	\$_	<u>0</u> \$	0	\$5,07	3 \$ _	0	\$	0	\$ <u></u>	0	\$ <u>_</u>	14,457,494 \$	445,813	0

KERN COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

	**	(20)	{2 1]	(22)	(23)	(24)	(25)	(26)	(27)	(28)
Legal Entity		Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement	Healthy Families Reimbursement	Total Reimbursement	FFP Contract	Lower of FFP or Contract
Number	Legal Entity		TIENT		TIENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00405	Henrietta Weill Memorial Ch \$	0 S	0 \$	0 \$	0 \$	2,144,951 \$	162,643	2,307,594 \$	2,466,888 5	2,307,594
00406	Turning Point of Central CA \$	0 \$		0 \$	0 \$				191,250	
00409	The Anne Sippi Clinic \$	0 \$	5 0 \$	0 \$	0 \$				677,750	559,392
00562	Clinica Sierra Vista \$	0 \$	0 \$	0 \$	0 \$				1,693,690	
00975	College Community Service \$	0 \$	0 5	0 \$	0 \$	3,097,515	51,367		3,261,764	3,148,882
01223	Community Service Organiz \$	0 \$	0 \$. 0 \$	0 \$	43,249 \$	0 9	\$ 43,249 \$	52,920	43,249
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U	0 \$	0 9	\$ 0 \$ \$ 0 \$	0 \$	0.5	0 5		\$ 0 \$	0 :	
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0	o \$	0 !	\$ 0 \$	0 \$	0 \$	0 9	0 :	s os	0	S 0
	GRAND TOTAL S	;	s 0 s	0 \$	0 :	7,228,746	289,779	\$ 7,518,525 \$	8,344,262	\$ 7,518,525
	C.C.ID IQIAL	´ `	Ť ~~~~ `	` *.		1,223,740		- , , , , , , , , , , , , , , , , , , ,		

KERN COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

	~	As Settled	_	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$	41,118,195	\$	(1,670,416) \$	39,447,779
(2) Total SD/MC Claims (Adjustment Nos. 68, 70 & 72)		48,753,237		(699,475)	48,053,762
(3) Percent % (Line 1/Line 2)		0.8434		(0.0225)	0.8209
(4) EPSDT Claims (Adjustment Nos. 69, 71 & 73)		19,995,343		(699,475)	19,295,868
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		16,864,072		(1,024,094)	15,839,978
(6) Cost Settled Baseline for EPSDT		2,449,860		0	2,449,860
(7) Net Cost Settlement Amount (Line 5 - Line 6)		14,414,212		(1,024,094)	13,390,118
(8) 50% of Cost Settlement Amount (Line 7 x 50%)		7,207,106		(512,047)	6,695,059
(8a) FY 2001-02 EPSDT Settlement (48.64% of net cost (8))		7,272,821		0	7,272,821
(8b) Annual Local Growth (L. 8 - 8a)		0		0	0
(9) County Match 10% of Local Growth (8b x 10%)		0		0	0
(10) Net Cost Settlement Amount (L. 8 - 9)		7,207,106		(512,047)	6,695,059
(11) SGF Distribution (Settled and Audited) (Adjustment Nos. 75 through 77)		7,207,106		(288,813)	6,918,293
(12) SGF Due State (Adjustment No. 78)	\$ <u></u>	0	\$ <u></u>	(223,234) \$	(223,234) (To Sch. 1)

Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHFs) including new aid codes by County of Beneficiary
- (6) Cost Scttled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

(12) Amount owed back to the state cannot be more than what was paid.

Provider					Provider Number	T	No. of Adj.	T	Fiscal F	eriod	Ended
	KERN COUN	TY			00015		78		June	30, 2	005
	Report Refe	erence					As		Increase		As
Adj.	Form/	1		EXPLANATION OF AUDIT ADJUSTM	IENTS		Reported	-	Decrease)		Adjusted
No.	Sch.	Line	Col.			+-		+		├	
				ADJUSTMENT TO REPORTED COSTS - CO	<u>UNTY</u>						
1	MH1960	9	С	SD/MC Administration		\$	4,033,914	\$	(208,706)	\$	3,825,208
2	MH1960	10	С	Healthy Families			31,726	1	9,290	l	41,016
3	MH1960	11	С	Non-SD/MC Administrative Costs TOTAL		\ <u>s</u> -	970,942 5,036,582	\ _s -	<u>199,416</u> 0	\ _s	1,170,358 5,036,582
1				TOTAL		"-	0,000,002	"=	 _	*==	0,000,002
		}		To adjust Administrative Costs allocation using the percentage of	f undunlicated			1		{	
}	}	}		Medi-Cal clients count to Medi-Cal eligible program costs as audi	ited. The auditor	1				1	
		1		provided the workpapers to the County that showed the details of	f this adjustment.						ĺ
		1				1				ĺ	
		1		ADJUSTMENT TO REPORTED COSTS - CONTRACT	PROVIDERS					(ſ
4	MH1960	18	С	Mode Costs (Direct Service and MAA)		\$	4,932,541	\$	(106,976)	\$	4,825,565
				Contract Provider - Henrietta Weill Memorial Child Guidance Clin	nic (LE#00405)					1	
		}		To adjust Mode Costs of this Contract Provider to incorporate the				1		1	
		1		in the Financial Monitoring Report for FYE 2004-05 prepared by t with OMB-133(31 USC 7502 (f)(2)(B).	the County in compliance	ſ					
		1	İ	with OMB-133(31 03C 7302 (1)(2)(B).				}		}	l
5	MH1960	18	С	Mode Costs (Direct Service and MAA)		\$	1,363,625	\$	(239,962)	\$	1,123,663
ļ)		ĺ	Contract Provider The Anna Cinni Clinia / E#00400)		}		1	•		
ļ				Contract Provider - The Anne Sippi Clinic (LE#00409)				1		1	
	ļ			To adjust Mode Costs of this Contract Provider to incorporate the		1				ł	
ļ	}			in the Financial Monitoring Report for FYE 2004-05 prepared by with OMB-133(31 USC 7502 (f)(2)(B).	the County in compliance	}				1	
}			}	With OND-100(01 000 1002 (1)(2)(D).]		1		(
1			!					1		1	
			1								
				* Balance carried forward to subsequent adjustment.							
			ĺ	** Balance brought forward from prior adjustment.		1					

Provider	KERN COUN	TY			Provider Number 00015	1	lo. of Adj. 78			Period	I Ended 2005
	Report Refe				<u> </u>		As		Increase	e As	
Adj. No.	Form/ Sch.	Line	C <u>ol</u> .	EXPLANATION OF AUDIT ADJUSTM	ENTS		Reported	((Decrease)		Adjusted
6	MH1960	18	С	ADJUSTMENT TO REPORTED COSTS - CONTRACT PRO Mode Costs (Direct Service and MAA) Contract Provider - Clinica Sierra Vista (LE#00562)		\$	2,871,246	\$	7,103	\$	2,878,349
7	MH1960	18	С	To adjust Mode Costs of this Contract Provider to incorporate the in the Financial Monitoring Report for FYE 2004-05 prepared by twith OMB-133(31 USC 7502 (f)(2)(B). Mode Costs (Direct Service and MAA) Contract Provider - College Community Service (LE#00975) To adjust Mode Costs of this Contract Provider to incorporate the in the Financial Monitoring Report for FYE 2004-05 prepared by the interval of the service of the contract Provider to incorporate the interval of the provider of the service of the servic	he County in compliance	\$	7,474,807	\$	(26,434)	\$	7,448,373
8	MH1960	18	С	with OMB-133(31 USC 7502 (f)(2)(B). Mode Costs (Direct Service and MAA) Contract Provider - Community Service Organization (LE#01223) To adjust Mode Costs of this Contract Provider to incorporate the in the Financial Monitoring Report for FYE 2004-05 prepared by t with OMB-133(31 USC 7502 (f)(2)(B).	adjustments contained	\$	154,896	\$	(32,413)	\$	122,483
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider					Provider Number	No. of Adj.	1	eriod Ended
	KERN COUN				00015	78	June	30, 2005
Adj.	Report Refe			EXPLANATION OF AUDIT ADJUSTM	ENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.	ADJUSTMENT TO REPORTED TOTAL UNITS OF SEI	RVICE/TIME -			
9 10	MH1966 MH1966	2 2	B	SFC 05 - 10 SFC 05 - 19 TOTAL		8,916 0 8,916	(73) 73 0	8,843 73 8,916
				To adjust total units of service to agree with the DMH Approved C Approved Administrative Days Units of Service. The auditor prov to the County that showed the details of this adjustment.	laims Report on ided the workpapers			
				ADJUSTMENT TO REPORTED TOTAL COSTS -	COUNTY			
11 12	MH1966 MH1966	3 3	B C	SFC 05 - 10 SFC 05 - 19 TOTAL		\$ 8,599,923 0 \$ 8,599,923	\$ (18,364) 18,364 \$ 0	\$ 8,581,559 18,364 \$ 8,599,923
				To adjust the total costs reported in the Settled Cost Report for th Functions in conjunction with Adjustment Nos. 9 & 10 above using allocation. Workpapers that showed the details of this adjustment to the County.	g the SMA rate for			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		riod Ended
ļ	KERN COUN	TY		_ 	00015	78	June 3	30, 2005
Adj.	Report Refe Form/	rence		EXPLANATION OF AUDIT ADJUSTN	IENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
:				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN				
13 14 15 16 17 18 Info 19 20	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above settled units of service/time of the County Of to agree with the State DMH Summary of Net Approved Claims F May 4, 2009. Workpapers were provided to the County that show of the above adjustments.	perated Facilities Report dated	3,515,031 10,481,165 17,012 23,083 0 0 40,198 149,451 14,225,940	(113,768) (96,083) (163) 19,509 11,298 36,186 0 (4,217) (7,300) (154,538)	3,401,263 10,385,082 16,849 42,592 11,298 36,186 0 35,981 142,151 14,071,402
		<u>L</u>	<u> </u>	** Balance brought forward from prior adjustment.				

Provider	KERN COUN				Provider Number 00015	No. of Adj. 78		eriod Ended
					00015		June	30, 2005
Adj.	Report Refe Form/ Sch.	rence Line	Col.	EXPLANATION OF AUDIT ADJUSTM	MENTS	As Reported	Increase (Decrease)	As Adjusted
	95			ADJUSTMENTS TO REPORTED MEDICAL UN COUNTY PROVIDERS - PROGRAMS 1 AND 2				
21 22 23 24 Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/06 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above settled units of service/time of the County O State DMH Summary of Net Approved Claims by the various adj Copies of workpapers detailing adjustments by service functions to the County. Medi-Cal Oversight Charl Review - Inpatient Medi-Cal Oversight EPSDT Audit Review County Deleted Units Reclass of Approved Admin Days TOTAL	perated Facilities per ustments listed below.	3,401,263 10,385,082 16,849 42,592 11,298 36,186 0 35,981 142,151 14,071,402	(146,284) (150,289) (7) (12) 0 0 0 0 (296,592)	3,254,979 * 10,234,793 * 16,842 * 42,580 * 11,298 * 36,186 * 0 * 35,981 * 142,151 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		eriod Ended
	KERN COUNT				#REF!	0	June 3	30, 2005
Adj.	Report Referm/ Sch.	rence Line	Col.	EXPLANATION OF AUDIT ADJUSTN	PLANATION OF AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted
140.	Juli.	Line	Ouj.	ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AND 2				
25 26 27 28 29 30 Info 31 32	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust State DMH Summary of Net Approved Claims Report (adjustment numbers 21 through 24) to agree with County Net Re of workpapers detailing adjustments by service functions have be to the County.	after incorporating ecords. Copies	3,254,979 10,234,793 16,842 42,580 11,298 36,186 0 35,981 142,151 13,774,810	260,742 249,003 170 (19,497) (11,298) (36,186) 0 4,217 7,300 454,451	3,515,721 * 10,483,796 * 17,012 * 23,083 * 0 * 0 * 40,198 * 149,451 * 14,229,261 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.		<u> </u>		

Provider					Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	KERN COUNT	ΓΥ			00015	78	June 3	0, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
110.	<u> </u>	<u> </u>		ADJUSTMENTS TO REPORTED MEDICAL UNIT COUNTY PROVIDERS - PROGRAMS 1 AND 2 (c				
33 34 Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust units of service per County Net Records by the various a listed below. Copies of workpapers detailing adjustments by servi have been provided to the County. Medi-Cal Oversight Chart Review - Inpatient Medi-Cal Oversight EPSDT Audit Review Reclass of Approved Admin Days TOTAL	** ** ** ** ** adjustments	3,515,721 10,483,796 17,012 23,083 0 0 40,198 149,451 14,229,261	(137,416) (126,614) 0 0 0 0 0 0 0 (264,030)	3,378,305 * 10,357,182 * 17,012 * 23,083 * 0 * 0 * 0 * 40,198 * 149,451 * 13,965,231 * 13,965,231
				 * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. 				

Provider					Provider Number	No. of Adj.		eriod Ended
<u> </u>	KERN COUN				00015	78	June :	30, 2005
Adj. No.	Report Refe Form/ Sch.	rence Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	As Reported	Increase (Decrease)	As Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AND 2				
35 36 37 38 Info Info Info 39 40	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/06 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County Records to incorporate the controls of the loapproved units (after incorporating adjustment numbers 21 throu County Net Records (after incorporating adjustment numbers 33 service function code. Copies of workpapers detailing adjustment functions have been provided to the County.	5 ** ** ** ** ** ** ** ** ** **	3,378,305 10,357,182 17,012 23,083 0 0 40,198 149,451 13,965,231	(124,406) (202,054) (170) 19,497 0 0 (0 (4,217) (7,300) (318,650)	3,253,899 10,155,128 16,842 42,580 0 0 35,981 142,151 13,646,581
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide	·				Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	KERN COUN	ΓY			00012	78	June :	30, 2005
	Report Refe	rence			·	As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	MENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UN CONTRACT PROVIDERS	ITS/TIME			
41 42 Info Info 43 44 Info 45 46	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/06 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above settled units of service/time of the Contract agree with the State DMH Summary of Net Approved Claims Re May 4, 2009. Workpapers were provided to the County that sho details of the above adjustments.	Providers to port dated	2,145,716 6,520,924 0 0 0 0 51,647 190,674 8,908,961	(41,399) (78,017) 0 21,992 48,215 0 2,334 6,644 (40,231)	2,104,317 6,442,907 0 21,992 48,215 0 53,981 197,318 8,868,730
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider				· · · · · · · · · · · · · · · · · · ·	Provider Number	No. of Adj.		riod Ended
ļ	KERN COUNT				00012	78	June 3	30, 2005
Adj.	Report Refe Form/ Sch.	rence Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	As Reported	Increase (Decrease)	As Adjusted
140.	JCII.	Line	COI.	ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS (cont'd.)	TS/TIME			
47 48 Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust contract providers' units of service per DMH Summary Approved Claims by the various adjustments listed below. Copie workpapers detailing adjustments by service functions have been provided to the County. Medi-Cal Oversight EPSDT Audit Review Adjustment for Mode/SFC 15/58 TOTAL	5 ** ** ** ** ** ** of Net ss of	2,104,317 6,442,907 0 21,992 48,215 0 53,981 197,318 8,868,730	(42,737) (29,266) 0 0 0 0 0 0 (72,003)	2,061,580 * 6,413,641 * 0 * 0 * 21,992 * 48,215 * 0 * 53,981 * 197,318 * 8,796,727 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		eriod Ended
ļ	KERN COUN	TY			00012	78	June	30, 2005
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	TION OF AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted
NO.	<u> </u>	Little	COI.	ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS (cont'd.)	TS/TIME			
49 50 Info Info 51 52 Info 53 54	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust State DMH Summary of Net Approved Claims (after inta adjustment numbers 47 and 48) to agree with the County Net Re Copies of workpapers detailing adjustments by service functions been provided to the County.	5 ** ** ** corporating cords.	2,061,580 6,413,641 0 0 21,992 48,215 0 53,981 197,318 8,796,727	84,136 107,283 0 0 (21,992) (48,215) 0 (2,334) (6,644) 112,234	2,145,716 6,520,924 0 0 0 0 0 51,647 190,674 8,908,961 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	KERN COUN	TY			00012	78	June :	30, 2005
	Report Refe	rence				As	Increase	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS (cont'd.)	TS/TIME			
55 56 Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust contract providers' units of service per County Net Rece the various adjustments listed below. Copies of workpapers deta adjustments by service functions have been provided to the Court Medi-Cal Oversight EPSDT Audit Review * Balance carried forward to subsequent adjustment.	ords by	2,145,716 6,520,924 0 0 0 0 51,647 190,674 8,908,961	(42,737) (29,266) 0 0 0 0 0 0 (72,003)	2,102,979 * 6,491,658 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 *
			<u> </u>	** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		eriod Ended
	KERN COUN	ΓΥ 			00012	78	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS (cont'd.)	TS/TIME			
57 58 Info Info Info Info 59 60	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County Records to incorporate the controls of the key of the service function code. Copies of workpapers detailing adjustment numbers 56 service functions have been provided to the County.	5 ** ** ** ** ** ** ** ** ** **	2,102,979 6,491,658 0 0 0 0 51,647 190,674 8,836,958	(41,399) (78,017) 0 0 0 0 255 (184) (119,575)	2,061,580 6,413,641 0 0 0 0 5 51,672 190,490 8,717,383
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider		T) (Provider Number	No. of Adj.		eriod Ended
ļ	KERN COUN				00015	78	June	30, 2005
Adj. No.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	OF AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted
110.	<u> </u>	Zino	30	ADJUSTMENTS TO PATIENT AND OTHE PAYOR REVENUES - COUNTY PROVIDE				
61 62	MH 1968 MH 1968	28 28A	K K	PATIENT AND OTHER PAYOR REVENUES 07/01/04 - 09/30/04 PATIENT AND OTHER PAYOR REVENUES 10/01/04 - 06/30/05 TOTAL		\$ 14,601 43,801 \$ 58,402	\$ 5,473 2,688 \$ 8,161	\$ 20,074 46,489 \$ 66,563
				To adjust patient and other payor revenues to agree with the Cou and supporting documentation.	nty's records			
				ADJUSTMENTS TO REPORTED SD/MC SETTL COUNTY PROVIDERS	<u>EMENT</u>			
63 64	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS	0/MC)	\$ 16,217,317 232,734 \$ 16,450,051	\$ 801,179 (6,407) \$ 794,772	\$ 17,018,495
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familia to adjustments to costs, revenues and units of service/time.	es (FFP) due			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	Fiscal F	Period Ended
	KERN COUN	TY		,	00015	78	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch	Line_	Col.	EXPLANATION OF AUDIT ADJUSTN	ENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	<u>EMENT</u>			
65 66	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - CONTRACT PROVIDERS To adjust the SD/MC (FFP) and Healthy Families (FFP) due to act to costs and units of service/time.		\$ 7,596,258 293,503 7,889,761	\$ (367,512) (3,724) \$ (371,236)	\$ 7,228,746 289,779 \$ 7,518,525
				to costs and units of service/time. Henrietta Weill Memorial Child Turning Point of Central CA The Anne Sippi Clinic Clinica Sierra Vista College Community Services Community Service Organization	00405 00406 00409 00562 00975 01223	\$ 2,458,885 141,815 678,947 1,334,004 3,221,416 54,694 7,889,761	\$ (151,291) (2,650) (119,555) (13,761) (72,534) (11,445) (371,236)	\$ 2,307,594 139,165 559,392 1,320,243 3,148,882 43,249 \$ 7,518,525

Provider					Provider Number	T	No. of Adj.	T			d Ended
	KERN COUN				00015	-			June	∋ 30,	2005
Adj.	Report Refe	T -		EXPLANATION OF AUDIT ADJUSTN	IENTS		As Reported		Increase (Decrease)		As Adjusted
No.	Sch.	Line	Col.			+-		+-		+	
į				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	IERAL FUNDS						
67	SCH 4	1	3	SD/MC ACTUALS		\$	41,118,195	\$	(1,670,416)	\$	39,447,779
				To adjust SD/MC actuals as a result of adjustments to total comp as reflected in the MH 1979 forms for both the County Program a providers. The amounts utilized for this purpose was SD/MC and Outpatient services only.	nd its contract						
68 69	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$ \$	48,753,237 19,995,343	\$ \$	(886,836) (886,836)	\$ \$	47,866,401 19,108,507
	ı			To adjust total SD/MC claims and EPSDT claims to include the reaudit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2008. The Report covered July 2004 through March 2005. This represents the original reco	of Mental Health as the period from						
70 71	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	#1 #1	* \$ * \$	47,866,401 19,108,507	\$	886,836 886,836	\$ \$	48,753,237 19,995,343
!				To adjust total SD/MC claims and EPSDT claims to reverse the claims included in adjustments 68 and 69 above. The revised findings a Claims and EPSDT Claims" will be taken in adjustments 72 and	affecting "Total SD/MC						
72 73	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	#: #:	* \$ * \$	48,753,237 19,995,343	\$ \$	(699,475) (699,475)	\$ \$	48,053,762 19,295,868
				To adjust total SD/MC claims and EPSDT claims to include the revised audit of the EPSDT Program conducted by the State Depas reflected in the report dated March 3, 2008. The Report cove July 2004 through March 2005. This represents the revised reco	partment of Mental Health red the period from						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider					Provider Number	7	No. of Adj.	Ţ-	Fiscal F	eriod	Ended
	KERN COUN	ITY			00015		78		June	30, 2	005
	Report Refe	erence					As		Increase		As
Adj. No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS		Reported		(Decrease)		Adjusted
,				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERA	AL FUNDS (cont'd.)						
74	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	7,207,106	\$	(512,047)	\$	6,695,059
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT clai							
75	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	7,207,106	\$	(366,175)	\$	6,840,931 *
				To adjust State General Fund Distribution to include the results o audit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2008. The Report covered April 1, 2004 through June 30, 2004. This represents the SGF or	of Mental Health as the period from						
76	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		•• s	6,840,931	\$	366,175	\$	7,207,106 *
			,	To adjust State General Fund Distribution to reverse the original included in adjustment 75 above. The revised findings affecting Distribution" will be taken in adjustments 77 below.							
77	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$	7,207,106	\$	(288,813)	\$	6,918,293
				To adjust the State General Fund Distribution to reflect the result findings included in the final report dated March 3, 2008.	s of the revised EPSDT						
78	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		** \$	6,918,293	\$	(223,234)	\$	6,695,059
				To adjust state general funds due State to incorporate the results through 77 above.	of adjustments 67						
			! !								
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: KERN COUNTY County Code: 15

	Legal Entity: KERN COUNTY	Α	В	С
Leg	gal Entity Number: 00015	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	34,155,219	35,419,187	69,574,406
2	Encumbrances		·	
3	Less: Payments to Contract Providers (County Only)		(18,068,491)	(18,068,491)
4_	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	34,155,219	17,350,696	51,505,915
6	Medi-Cal Adjustments from MH 1961			
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			5 <u>1,505,915</u>
	Administrative Costs (County Only)			
9	SD/MC Administration			3,825,208
10	Healthy Families Administration			41,016
11	Non-SD/MC Administration			1,170,358
12	Total Administrative Costs			5,036,582
<u> </u>				
<u></u>	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			660,720
14	Other SD/MC Utilization Review			1,018,767
15	Non-SD/MC Utilization Review			403,827
16	Total Utilization Review Costs			2,083,314
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			44,386,019
<u>_</u>				F4 F0F 04F
119	Total Costs - Lines 9 through 18			51,505,915

Crosscheck

44,386,019 OK

51,505,915 OK

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: KERN COUNTY County Code: 15

	Legal Entity: KERN COUNTY	A					
Le	gal Entity Number: 00015	Total					
		Costs					
1	Mode Costs (Direct Service and MAA) from MH 1960	44,386,019					
	Modes						
2_	Hospital Inpatient Services (Mode 05-SFC 10-19)	8,599,923					
3	Other 24 Hour Services (Mode 05-All Other SFC)						
4	Day Services (Mode 10)	3,262,644					
5_	Outpatient Services (Mode 15 Program 1 + Program 2)	30,410,354					
6	Outreach Services (Mode 45)	974,480					
7	Medi-Cal Administrative Activities (Mode 55)						
8	Support Services (Mode 60)	1,138,618					
9	Total - Lines 2 through 8	44,386,019					

Crosscheck OK

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: KERN COUNTY

	County Code: 15			CR	CR				
	Legal Entity: KERN COUNTY		Α	B	Č	D	E	F	G
Lega	al Entity Number: 00015			Service	Service	Service	Service	Service	Service
_	Mode: 05 - Hospital Inpatient Services ((SFC 10-19)	Mode Total	Function	Function	Function	Function	Function	Function
				10	19				
	Allocation Percentage		100.00%	99.79%	0.21%				
	Total Units			8,843	73				
1000	Gross Cost	10000000000 0 000	8,599,923	8,581,559	18,364	4400044444			
	Cost per Unit			970.44	251.56				
	SMA per Unit			913.58	236.82				
	Published Charge per Unit			2,200.00	2,200.00				
7	Negotiated Rate / Cost per Unit								L
8	** ** ***	07/01/04 - 09/30/04		683	16	*.*.*.*.*.*.*.			
8A	Medi-Cal Units	10/01/04 - 06/30/05		2,236	39				
a		07/01/04 - 09/30/04		217					
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05		550		•			
10	5-b	07/01/04 - 09/30/04							
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05							1
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units_			5,157	18				
13	<u>ਫ਼ਜ਼ਜ਼</u> ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਫ਼ਜ਼ਜ਼ਫ਼	07/01/04 - 09/30/04	666,596	662,807	3,789	<u> त्र्वेनसर्वनवयनर</u> •		10000000000	
13A	Medi-Cal Costs	10/01/04 - 06/30/05	2,179,129	2,169,893	9,236	-			
14	_	07/01/04 - 09/30/04	627,764	623,975	3,789	•	 		<u> </u>
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	2,052,001	2,042,765	9,236	•	 		ļ-
15		07/01/04 - 09/30/04	1,506,389	1,502,600	3,789	•		-	
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05	4,928,436	4,919,200	9,236		 	_	h
16		07/01/04 - 09/30/04	4,920,430	4,313,200	9,200				
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05	 					 	
22.22	<u> Constantina de la c</u>			<u></u>	erranagerra tit agen	*,*,*,* <u>*,*,*,*,*,</u> *		<u> </u>	
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	210,584	210,584					<u> </u>
17A		10/01/04 - 06/30/05	533,739	533,739					<u> </u>
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	198,247	198,247					
18A		10/01/04 - 06/30/05	502,469	502,469					 _
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	477,400	477,400					
19A		10/01/04 - 06/30/05	1,210,000	1,210,000		_			<u> </u>
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04					!	-	
20A		10/01/04 - 06/30/05				100500000		00000000000	0000000000
21	Enhanced SD/MC (Children) Costs	07/01/04 - 09/30/04		<u> </u>					
21A	Emicroso obias (Cindist) Costs	10/01/04 - 06/30/05							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/04 - 09/30/04							
22A		10/01/04 - 06/30/05					 		
23	Enhanced SD/MC (Children) Published Charges	07/01/04 - 09/30/04							↓
23A		10/01/04 - 06/30/05					↓		1
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/04 - 0 <u>9/30/04</u>							
24A	Z. III da loca o z. III o (o i i i i o i o i o i o i o i o i o	10/01/04 - 06/30/05	1			* * * * * * * * * * *		2	
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1					1	1
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05		ĺ					
	Enhanced SD/MC (Refugees) Published Charges			1					
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
		07/01/04 - 09/30/04		<u> </u>		<u> </u>			. 4
29	Healthy Families Costs		 		 		+	 -	+
29A		10/01/04 - 06/30/05 07/01/04 - 09/30/04	+		 	 	 	 	+
30A	Healthy Families SMA Upper Limits	10/01/04 - 09/30/04	 	 	 	 	+	 	+
30A		07/01/04 - 09/30/04	1	 	 	 -	+	-	+
31A	Healthy Families Published Charges	10/01/04 - 06/30/05	 	 			1	t	
31A		07/01/04 - 09/30/04	+	 			t	 	
324	Healthy Families Negotiated Rates	10/01/04 - 06/30/05	+			 	1	1	+
SZM	<u> </u>	110/01/04 - 00/30/03	00000000000	laaraaraa aa		20000000000	4333333333	<u> </u>	4 4 4 5 4 4 4 4 4 4 4
	NOTOM and Carticus Stat Report Proforms_Kern County_ACR(Revis		5,009,874	5,004,535	5,339				1

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

Legal Linky		County: KERN COUNTY			00	0.414	O D			
Legal Emity Number 100115	r	County Code: 15		, , ,	CR	CAW	CR			
Mode: 10- Dec Services	ļ.,			A		Carrian				
Allocation Percentings	<u> </u>			Mode Total						
Allocation Percentage	 -			inode rolar				Tunction	1 diletion	TBITCHOIT
2 Total Units 3 Gross Cost 3,366,844 2,265,477 53,472 463,625 4 Corp per Unit	1	Allocation Percentage		100.00%						
SMA per Unit	2	Total Units							j ———	
S. SMA per Unit 88.42 78.64	3	Gross Cost		3,262,644						· · ·
S. SMA per Unit 88.42 78.64	4	Cost per Unit			108.89	27.46	79.02			
For Published Charge per Unit	5									
Medic-Cal Units	6									
BA	7	Negotiated Rate / Cost per Unit								
BA	i a		07/01/04 - 09/30/04		3.812		1-1-1-1-1-1-1-1-1-1		17/11/17/11/14/14/14/14	
Section Sect		─ Medi-Cal Units								
Section	9	 			11,407					
10	94	Medicare/Medi-Cal Crossover Units								
10A Continuent 10A Continuent 10B 10									Ī	
Healthy Families (SED) Units										
11A Nethurly Families (Sct) Orins 10010/4 - 06/30/05 562 19,428 5,871 12 Nor-Medic-Cal Units 5,502 19,428 5,871 13 14 14 14 15 15 15 15 15	10	B Enhanced SD/MC (Refugees) Units								
17A		- Healthy Families (SEL)) Units								
13		<u> </u>	10/01/04 - 06/30/05							
13A Medi-Cal SMA Upper Limits	12	Non-Medi-Cal Units			5,502	19,428	5,871	———		
13A Medir-Cal USMA Upper Limits	13	Mark Cal Cart	07/01/04 - 09/30/04	415.070	415.070	**************		<u>arantaran tanbahahah</u>		***************************************
14										
14A Medi-Cal NMA Opper Limits	14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
15A Medi-Cal Published Charles 1001/04 - 09/30/05 1,008,607 1,008,607 1,008,607 1,608,60	14	A Medi-Cai SMA Opper Limits	10/01/04 - 06/30/05	1,008,607	1,008,607					
1001/04 - 09/30/05										
16A Medic-Lat Neglotate Nates 10/01/04 - 09/30/04 17/17 17/17 18 18 18 18 18 18 18		<u> </u>		1,008,607	1,008,607					
1001/04 - 06/30/05 18				l			\longrightarrow			
177A Medicare/Medi-Cal Crossover Costs 10/01/04 - 06/30/05 10/01/04 - 09/30/04 10/01/04 - 09/30/05 10/01/04 - 09/30/04 10/01/04 - 09/30/05 10/01/04 - 09/30/04 10/01/04 - 09/30/05 10/01/04 - 09/30/04	16	A	10/01/04 - 06/30/05	1.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7					· · · · · · · · · · · · · · · · · · ·	2. C 2. 1. 1. C 2. 1. 1. 1.
1001/04 - 06/30/05 1001/04 - 06/30/04 1001/04 - 06/30/05 1001/04			07/01/04 - 09/30/04							
18A Medicare/Medi-Cal Crossover Published Charges 100/10/4 - 09/30/05 19A 20 Medicare/Medi-Cal Crossover Negotiated Rates 100/10/4 - 09/30/05 100/10/4 - 09/30/05 100/10/4 - 09/30/06 100/10/4 - 09/30/0	17	A Medicare/Medi-Cai Crossover Costs	10/01/04 - 06/30/05							
19A										
19A Medicare/Medi-Cal Crossover Published Charges 10/01/04 - 09/30/05 10/01/04 - 09/30/04 10/01/04 - 09/30/04 10/01/04 - 09/30/05 10/01/04 -		A		<u> </u>					<u> </u>	
1904 200				 i					 	<u> </u>
20A Medicare/Medicar Crossover Negotiated Rates 10,01/04 - 06/30/05		A[
21	إي	Medicare/Medi-Cal Crossover Negotiated Rates		 	ļ ———	├			 	
21A Enhanced SD/MC Costs 10/01/04 - 06/30/05	7.74	<u>al japanaaanaanaanaanaanaanaanaanaanaanaanaa</u>			<u>वस्तरीयत्वस्य</u>			and and spice	11020000000	
21A 10/01/04 - 06/30/05 22A										
22A		<u> </u>		 						ļ
22A				 	ļ	L			_	
23A Enhanced SD/MC Negotiated Rates 10/01/04 - 06/30/05		'A		 					 	├ ───┤
Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05	2:	Enhanced SD/MC Published Charges		 						
Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05				 	 				 	
25 Enhanced SD/MC (Refugees) Costs 07/01/04 · 06/30/05 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 · 06/30/05 27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 · 06/30/05 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 · 06/30/05 29 Healthy Families Costs 10/01/04 · 09/30/05 30 Healthy Families SMA Upper Limits 07/01/04 · 09/30/04 1,857 1,857 31 Healthy Families Published Charges 10/01/04 · 09/30/04 1,857 1,857 31 Healthy Families Published Charges 10/01/04 · 09/30/04 1,857 1,857 32 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482 32 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482 32 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482 32 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482 33 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482 34 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482 35 Healthy Families Negotiated Rates 07/01/04 · 09/30/05 5,482 5,482				 					 	
26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 - 06/30/05 1 27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 - 06/30/05 1 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 09/30/04 2,287 2,287 29A Healthy Families Costs 10/01/04 - 09/30/05 6,751 6,751 1 30 Healthy Families SMA Upper Limits 07/01/04 - 09/30/04 1,857 1,857 1 31 Healthy Families Published Charges 07/01/04 - 09/30/04 1,857 1,857 1 31A Healthy Families Negotiated Rates 07/01/04 - 09/30/04 1,857 1,857 1 32 Healthy Families Negotiated Rates 07/01/04 - 09/30/05 5,482 5,482 1	<u> </u>		<u>Parkatura da marantan da m</u>	Constitution (Constitution)			,.	oliografia (pr oce	<u> </u>	<u> </u>
27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 - 06/30/05 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 29 Healthy Families Costs 07/01/04 - 06/30/05 - 6,751 - 6,751 30 Healthy Families SMA Upper Limits 07/01/04 - 09/30/04 - 1,857 - 1,857 311 Healthy Families Published Charges 07/01/04 - 09/30/04 - 1,857 - 1,857 32 Healthy Families Negotiated Rates 07/01/04 - 09/30/04 - 1,857 - 1,857						{			 	┼───┤
28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 2987 2,287 2987 2998 4 Ealthy Families Costs 07/01/04 - 06/30/05 6,751 6,751 30 4 Ealthy Families SMA Upper Limits 07/01/04 - 09/30/04 1,857 1,857 31 4 Ealthy Families Published Charges 07/01/04 - 09/30/04 1,857 1,857 3	<u> </u>			 	 	 			 	
Part				 		 			 	
29A Realthy Families Costs 10/01/04 - 06/30/05 6,751 6,751	121	Ennanced SD/MC (Relugees) Regoliated Rates	<u>agi rahang Kabupat Kabu</u> bat An <u>g K</u> abub	12,257,250,20		110 <u>11111111111111111</u>	en e	<u>,</u>	<u> </u>	
100 104 - 106/30/05 1,857 1,85	29	Healthy Families Costs							<u> </u>	
Healthy Families SMA Opper Limits 10/01/04 - 06/30/05 5,482 5,482		9A)				 				
10/01/04 - 09/30/05 5,482 5,492 3/402						 	L			
Healthy Families Published Charges 10/01/04 - 06/30/05 5,482 5,482)A				 			 -	├ ──┤
31A						 			 	
32A reality ramines Negotiated Rates 10/01/04 - 06/30/05		A		5,482	5,482	 			 	
овен наравительного поправонного при				 		 			 	
rsi04-05 Kern Count 4330 1000 581(42) 8456 Report Proforms Kern County ACR(Revised) XLS 1,596,483 599,086 533,472 453,925			<u>ada antagone a tronseo</u>						15000000000000000000000000000000000000	1000000000
	.04-05 Kern Count	DITADOS MORE GRANGE SEE Report Proforms Kem County ACR(Revi	sed).XLS	1,596,483	599,086	533,472	463,925	L	<u> </u>	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 3 FISCAL YEAR 2004 - 2005

	County: KERN COUNTY County Code: 15			CR	CR	CR	CR	CR	CR
Г	Legal Entity: KERN COUNTY		_ A	В	С	<u>D</u>	E	F	G
Leg	pal Entity Number: 00015 Mode: 15 - Outpatient Services (Progra	m 1)	Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
			İ	01	10	30	40	50	58
1	Allocation Percentage		100.00%	10.89%	8.42%	20.95%	22.08%	10.53%	0.00%
2	Total Units			2,693,921	1,613,833	4,015,064	4,231,835	2,018,490	860
3	Gross Cost		30,170,890	3,285,354	2,540,879	6,321,465	6,662,760	3,177,986	1,354
1.1.1.1	Cost per Unit			965996550gg		10000000000	بدائب وجود والمحر	4.67	1.57
	SMA per Unit			1.22	1.57 2.44	1.57 2.44	1.57 2.44	1.57 2.44	2.44
13-	Published Charge per Unit			1.89	2.44	2.44	2.44	2.44	2.44
10 7	Negotiated Rate / Cost per Unit				2.44				2,44
2-2-2-	regulated Nate / Cost per Onit	<u></u>		o ligare e e e e e e e e e e	-1-1-1-1-1-1-1-1-1-1-1	0,54545434555444		(**************	<u> </u>
8	Medi-Cal Units	07/01/04 - 09/30/04		451,580	<u>313</u> ,015	805,270	831,031	366,569	
8 <u>A</u>	INCOLOGICATION S	10/01/04 - 06/30/05		1,343,294	977,192	2,370,332	2,635,973	1,254,817	
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04				_ 450			
9A	Medical Strictle Cal Clossover Office	10/01/04 - 06/30/05				420			
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
10A	Limanica SD/MC (Children) Chils	10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Familias (SED) Haits	07/01/04 - 09/30/04		1,620	6,758	10,375	5,543	9,624	
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05		7,733	11,257	79,490	12,438	13,576	
	Non-Medi-Cal Units			889,694	305,611	748,727	746,850	373,904	860
TO DESCRIPTION OF THE PERSON O	<u> - 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000</u>	07/04/04 00/20/04	5 FOE 20F	CONTROL CONTROL (577,140	2000000000
13	Medi-Cal Costs	07/01/04 - 09/30/04	5,525,205	550,721	492,823	1,267,847	1,308,406		
13A		10/01/04 - 06/30/05	17,584,674	1,638,206	1,538,528	3,731,938	4,150,175	1,975,631	
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	8,458,169	853,486	763,757	1,964,859	2,027,716	894,428	
14A		10/01/04 - 06/30/05	26,624,823	2,538,826	2,384,348	5,783,610	6,431,774	3,061,753	
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	8,458,169	853,486	763,757	1,964,859	2,027,716	894,428	
15A		10/01/04 - 06/30/05	26,624,823	2,538,826	2,384,348	5,783,610	6,431,774	3,061,753	
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17		07/01/04 - 09/30/04	47,780			708			
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	121,752			661			
18		07/01/04 - 09/30/04	74,047			1,098			
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	188,686			1,025			
19		07/01/04 - 09/30/04	74,047			1,098			
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05	188,686			1,025			
20		07/01/04 - 09/30/04							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
<u> </u>	<u> </u>						0000000000000		2000000000
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05		L			<u> </u>	<u> </u>	ļ
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	ļ						 _
22A	- Oppor Emilio	10/01/04 - 06/30/05	l	L				ļ	
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05	ļ	{			L		
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A	Zamana ragalata rata	10/01/04 - 06/30/05	L	<u> </u>					
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	****************		<u> </u>	<u> </u>			
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05			-				
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05	<u> </u>						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	 						
12.50	The state of the s	<u> </u>		100000000000000000000000000000000000000	<u> </u>		<u> </u>	15.000	, 1 ₃ 1 ₃ 1 ₃ 1 ₃ 1 ₃ 1 ₃ 1 ₄
29_	Healthy Families Costs	07/01/04 - 09/30/04	58,426	1,976	10,640	16,335	8,727	15,152	 -
. 29A	1100.07 1 0.1111100 00010	10/01/04 - 06/30/05	239,540	9,431	17,723	125,152	19,583	21,375	 _
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	90,282	3,062	16,490	25,315	13,525	23,483	├
30A	Treating 1 arrives office opportunities	10/01/04 - 06/30/05	370,701	14,615	27,467	193,956	30,349	33,125	
31	Healthy Families Published Charges	07/01/04 - 09/30/04	90,282	3,062	16,490	25,315	13,525	23,483	
31A	Troughy Families & delighted Charges	10/01/04 - 06/30/05	370,701	14,615	27,467	193,956	30,349	33,125	
00	Healthy Families Normtisted Rates	07/01/04 - 09/30/04	<u> </u>			<u></u>	<u> </u>	<u> </u>	ļ
32									
32 32A	Healthy Families Negotiated Rates	10/01/04 - 06/30/05	<u> </u>			**************************************		Contract Contract	

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 2 OF 3 FISCAL YEAR 2004 - 2005

County: KERN COUNTY County Code: 15		CR	CR	CR	CR	CR	CR	CR
Legal Entity: KERN COUNTY		Н		J	K	L	M	N
Legal Entity Number: 00015		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient Services (Progra	m 1)	Function	Function	Function	Function	Function	Function	Function_
1 Allocation Percentage		60	70	02	31	41	61	66
2 Total Units		15.65% 1,622,617	6.01% 774,611	0.00%	0.00%	0.08% 4,550	0.00% 240	0.16% 9,510
3 Gross Cost		4,722,023	1,814,370	207	78	23,591	1,244	49,307
3001 0000000000000000000000000000000000								
4 Cost per Unit 5 SMA per Unit		2.91	2.34	5.18	5.20	5.18	5.18	5.18
6 Published Charge per Unit		4.51 4.51	3.63	1.89	2.44	2.44	4.51 4.51	4.51
7 Negotiated Rate / Cost per Unit		4.51	3.03	1.09	2.44	2.44	4.51	4.51
	270404 20004	2000000	1007	<u> </u>				
8A Medi-Cal Units	07/01/04 - 09/30/04	329,858	103,610	40	15	1,620		2,505
	10/01/04 - 06/30/05 07/01/04 - 09/30/04	979,704 16,175	408,262	40		1,620		6,765
9A Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05	41,610						
10	07/01/04 - 09/30/04	71,010						
10A Ennanced SD/MC (Children) Units	10/01/04 - 06/30/05							
	07/01/04 - 06/30/05							
	07/01/04 - 09/30/04	1,140	840					
11A	10/01/04 - 06/30/05	8,895	8,440	<u> </u>		- 2.055		
<u> </u>	<u>्राचयत्रवर्षसम्बद्धाः । । । । । । । । । । । । । । । । । । ।</u>	245,235	253,459	<u>।तस्तुत्वत्वत्यत्यः</u>		2,930	240	240
13 Medi-Cal Costs	07/01/04 - 09/30/04	959,929	242,686		78			12,988
13A	10/01/04 - 06/30/05	2,851,064	956,271	207		8,399		35,075
14 14A Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	1,487,660	376,104	70	37	2.050		11,298
15	10/01/04 - 06/30/05 07/01/04 - 09/30/04	4,418,465 1,487,660	1,481,991 376,104	76	37	3,953		30,510 11,298
15A Medi-Cal Published Charges	10/01/04 - 06/30/05	4,418,465	1,481,991	76	- 3/	3,953		30,510
16	07/01/04 - 09/30/04	7,7,0,700	1,401,001	· · · · · ·				
16A Medi-Cal Negotiated Rates	10/01/04 - 06/30/05							
17	07/01/04 - 09/30/04	47,071	<u> </u>		<u>. * . * . * . * . * . * . * . * . * . *</u>	120111111111111111111111	<u> er er er er er er er er er er er er er </u>	Graficiationaria
Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	121,090						
18	07/01/04 - 09/30/04	72,949						
18A Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	187,661						
19 Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	72,949						
19A	10/01/04 - 06/30/05	187,661						
Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04		ļi		<u> </u>			
ZUA CONTROLOGICO C	10/01/04 - 06/30/05	iolog <u>o</u> pologija						
	07/01/04 - 09/30/04							
21A Ethianced Statistic Costs	10/01/04 - 06/30/05				ļ			
Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
23	10/01/04 - 06/30/05 07/01/04 - 09/30/04			 				
23A Enhanced SD/MC Published Charges	10/01/04 - 06/30/05		 	 				
24	07/01/04 - 09/30/04		 					-
Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05							
25 Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	<u> atabigana dan dan da</u>	. 6. <u>5. 6. 6. 6. 6.</u> 6. 6. 6. 6. 6.	****************	e, e, e, e, <u>e, e, e, e, e, e, e, e, e</u>	<u>aranarahan aran</u>	<u> دودواده ده ده کوی کدی.</u> ا	<u> </u>
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05			 	 			
27 Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05			 	l			
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05			1				
00	07/01/04 - 09/30/04	3,318	1,968	Parameter Contractor	<u> </u>	*************	<u>kakarerakatakatak</u>	
Healthy Families Costs	10/01/04 - 06/30/05	25,886	19,769					
20	07/01/04 - 09/30/04	5,141	3,049					
30A Realthy Parmilles SMA Opper Limits	10/01/04 - 06/30/05	40,116	30,637					
Healthy Families Published Charges	07/01/04 - 09/30/04	5,141	3,049	L				
318	10/01/04 - 06/30/05	40,116	30,637	<u> </u>	_			
32 Manual Francisco Nametics of Datos	07/01/04 - 09/30/04	<u> </u>		<u> </u>	<u> </u>			
	40/04/04 00/00/00							
32A Healthy Families Negotiated Rates aun 32D Negotiated For Section Report Proforms Kern County ACR(Revise)	10/01/04 - 06/30/05	713,665	593,677	<u> </u>		15,192	1,244	1,244

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

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County: KERN COUNTY

	Legal Entity: KERN COUNTY		0 1	P	Q	Ŕ	s	т	U
Leg	al Entity Number: 00015		Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progra	m 1)	Function	Function	Function	Function	Function	Function	Function
			71			7 577 58511	7 01190011		1 41101101
	Allocation Percentage		5.20%						
	Total Units		302,863						
3	Gross Cost		1,570,272						
1	Cost per Unit	000000000000000	5.18		070000000		रमा वर्षेत्र सम्बद्धितास्य		
-	SMA per Unit		3.63						
	Published Charge per Unit		3.63						
	Negotiated Rate / Cost per Unit		9.03			<u> </u>			
		<u>an ar an dan ar ar ar ar ar ar ar ar ar ar ar ar ar </u>		<u> </u>		<u> वस्तरास्त्रसम्</u>	addata-bay	<u> </u>	
<u> </u>	Medi-Cal Units	07/01/04 - 09/30/04	21,715						
BA		10/01/04 - 06/30/05	134,853						
2	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04	i						
Α		10/01/04 - 06/30/05							
0	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
IOA	<u> ` `</u>	10/01/04 - 06/30/05							
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
1	Healthy Families (SED) Units	07/01/04 - 09/30/04	60						
1A		10/01/04 - 06/30/05	120						
12	Non-Medi-Cal Units		146,115						
13	<u>ក្នុកពេកបានដល់បានបំពុកបានបានបានបានបានបានបានបានបានបានបានប</u>	07/01/04 - 09/30/04	112,587	<u> Konstantan</u>	<u>i i garanganaga</u>		no co	10000000000000000000000000000000000000	
13A	Medi-Cal Costs	10/01/04 - 06/30/05	699,180						
14		07/01/04 - 09/30/04	78,825						
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	489,516					·	
15		07/01/04 - 09/30/04	78,825						
5A	Medi-Cal Published Charges								
		10/01/04 - 06/30/05	489,516						
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05		Graffie Briston Brans	and the second second	Maria and Garages		andros de la company	
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
17A	medicare/medi-Cai Crossover Costs	10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A	medicare/medi-Cai Crossover SMA Opper Limits	10/01/04 - 06/30/05							
19	Martin and Martin Cal Community Building and Change	07/01/04 - 09/30/04				_			
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05							
20	N. T	07/01/04 - 09/30/04							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
	<u> </u>	1000000000000000000000000000000000000		<u> </u>	1011111111111111111		0200000000	000000000000000000000000000000000000000	3.500 STORES
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04						L	
21A		10/01/04 - 06/30/05			 	<u> </u>			
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04			L		Ĺ		<u> </u>
22A		10/01/04 - 06/30/05	L		l		<u> </u>		
23_	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05				ļ			
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04				<u> </u>	L		
24A	Enhanced Ob Mic Negotiated Nates	10/01/04 - 06/30/05			<u> </u>				L
 25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	12.13.25.75.25.25.75.25.1	and the same of the same	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	<u> </u>		***********
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05			t			 	
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05			 	<u> </u>	 	 	
28	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	 	 	 	 	 -	 	
	Emiliance obvino (ricingees) Negonateo Nates	and the contract of the contra		<u></u>	<u></u>	grander and the	<u> Carrierania (</u>	og og og og o g og	
29_	Healthy Families Costs	07/01/04 - 09/30/04	311		L			L	
29A	TIGORITY I GIRRIES COSTS	10/01/04 - 06/30/05	622						
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	218						
	Treating Families Sign Opper Limits	10/01/04 - 06/30/05	436						
30A	Healthy Families Published Charges	07/01/04 - 09/30/04	218						
30A 31 31A	Healthy Families Published Charges	10/01/04 - 06/30/05	436						
31_	Healthy Families Published Charges Healthy Families Negotiated Rates		436						

757,571

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

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County: KERN COUNTY
County Code: 15 ASO ASO ASO MHS MHS TBS Legal Entity: KERN COUNTY E

4 ...

1 40	Legal Entity: KERN COUNTY		A	В	C	D		F	G
Log	al Entity Number: 00015	 _	-{ -	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient Services (Progra	m 2)	Mode Total	Function	Function	Function	Function	Function	Function
L				30	40	60	30	60	58
	Allocation Percentage		100.00%	4.83%	23.25%	2.07%	4.63%	12.49%	52.73°
	Total Units			2,715	13,080	630	13,630	19,895	52,045
3	Gross Cost		239,464	11,555	55,670	4,956	11,089	29,918	126,276
7	Cost per Unit				<u> </u>				
			 	4.26	4.26	7.87	0.81	1.50	2.43
	SMA per Unit			2:44	2.44	4.51	2.44	4.51	2.44
	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8		07/01/04 - 09/30/04		2,715	12,960	615	2,835	5,095	
8A	Medi-Cal Units	10/01/04 - 06/30/05		2,713	12,300	15	10,745	14,695	3,01
		07/01/04 - 09/30/04			120		10,743	14,055	3,01
9	Medicare/Medi-Cal Crossover Units		<u> </u>	L	<u> </u>				
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05						{	
11	Haalthy Familian (SED) Units	07/01/04 - 09/30/04							
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05			[50	90	
	Non-Medi-Cal Units				 			15	49,02
	<u> </u>				<u> </u>	्या स्टब्स्ट स्टब्स्ट स्टब्स	3000000 <u>000</u> 0000		<u> </u>
13	Medi-Cal Costs	07/01/04 - 09/30/04	81,521	11,555	55,159	4,838	2,306	7,662	
13A		10/01/04 - 06/30/05	38,794		511	118	8,742	22,098	7,32
14	Madi Cal CMA Unper Limite	07/01/04 - 09/30/04	70,917	6,625	31,622	2,774	6,917	22,978	
14A	Medi-Cal SMA Upper Limits	10/01/04 - 06/30/05	100,219		293	6B	26,218	66,274	7,36
15		07/01/04 - 09/30/04							
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05			-				
16		07/01/04 - 09/30/04	 	i	f				
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05		 	 				
IOA		10/01/04 - 00/30/03	100000000000000000000000000000000000000	19.77.23.77.23.77	<u> </u>	999-99-99-99-		<u></u>	
17	Madiana/Madi Cal Cassaura Casta	07/01/04 - 09/30/04]					
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	 		T				
18		07/01/04 - 09/30/04			1				
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05		-					
19		07/01/04 - 09/30/04	 	 -	t				
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05	 	 					
					 				
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04	 	 			L		
20A		10/01/04 - 06/30/05			***********	*.*.*.*.			
21		07/01/04 - 09/30/04	1	1					
214	Enhanced SD/MC Costs	10/01/04 - 06/30/05	 	 	 				
22		07/01/04 - 09/30/04	1		t		 		
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	 	 	 		 -		
			+	 	 		 		
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04		 	 		 		
23A		10/01/04 - 06/30/05		 -	 		 		<u> </u>
24	Enhanced SD/MC Negotialed Rates	07/01/04 - 09/30/04	_		 		 		
24A		10/01/04 - 06/30/05	<u> </u>	L	ļ	L		,,,,,,,,,,,,	
- 11 1	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	*************	1			***************************************		
25	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	 	 	 		 -		
25		101101104 * 00/30/03			 	 	 -		
25 26			i .						
25 26 27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05	 	}	 -				1
25 26					*************	*;*;*;*;*;*;*;*;*;*;*;	******************	<u>Partito</u> Paresta	10 10 10 10 10 10 10 10 10 10 10 10 10 1
25 26 27 28	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05 07/01/04 - 06/30/05		117111111111111111111111111111111111111			<u> </u>	<u> Prograpasi</u> n	<u> </u>
25 26 27 28	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 09/30/04	176				41	135	
25 26 27 28 29 29A	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05	176				41	135	
25 26 27 28 29 29A 30	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04							
25 26 27 28 29 29A 30 30A	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05	176 528				41	135	
25 26 27 28 29 29A 30A 31	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 06/30/04 10/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 06/30/05							
25 26 27 28 29 29A 30 30A	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05							
25 26 27 28 29 29A 30A 31	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits Healthy Families Published Charges	07/01/04 - 06/30/05 07/01/04 - 06/30/05							
25 26 27 28 29 29A 30A 31	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/04 - 06/30/05 07/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05							

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

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FISCAL YEAR 2004 - 2005

County: KERN COUNTY County Code: 15

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	Legal Entity: KERN COUNTY	Α	В	С	D	E	F	G
Le	gal Entity Number: 00015		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach Services	Mode Total	Function	Function	Function	Function	Function	Function_
		7 [10	20				
1	Allocation Percentage	100.00%	47.14%	52.86%				
2	Total Units		18,504	3,803				
3	Gross Cost	974,480	459,404	515,076				
4	Cost per Unit		24.83	135.44	<u>na ana antana mpanjara</u>	<u> </u>	<u>ARGOPANGONAS ON ERVAS</u>	
5	Non-Medi-Cal Units		18,504	3,803				
6	Non-Medi-Cal Costs	974,480	459,404	515,076				

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

PAGE 1 OF 1

County: KERN COUNTY County Code: 15

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	Legal Entity: KERN COUNTY	A	В	C	D	Ê	F	G
L	egal Entity Number: 00015		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support Services	Mode Total	Function	Function	_ Function_	Function	Function_	Function
] _ [40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		47,442					
3	Gross Cost	1,138,618	1,138,618					
4	Cost per Unit		24.00	<u> </u>	<u>- 1889 1899 </u>	<u> </u>		<u>(1,11,11,11,11,11,11,11,11,11,11,11,11,1</u>
5	Non-Medi-Cal Units (Same as Line 2)		47,442					
6	Non-Medi-Cal Costs (Same as Line 3)	1,138,618	1,138,618	<u>*************************************</u>	<u> </u>			<u> </u>

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

	County: KERN COUNTY County Code: 15				DEM PORTO	EMENT TYPE	er.	1			l		
	Legal Entity: KERN COUNTY		A	В	C	D D	SMA E	F	Costs	н		Costs	к —
Lega	Entity Number: 00015						Total	1	,	'''	Total	,	Total .
	·			Mode 55		Total	Inpatient	1			Outpatient		Outpatient
]			MAA	Mode 05			Mode 15	Exclude	Mode 15	(Col. I + Col. J)
			1	S. F.'s 11-19,	!		Hospital Inpatient	Mode 05 Other 24 Hour	Mode 10	Outpatient	Program (2)	Outpatient Services	
			S. F.'s 01-09	31-39	S. F.'s 21-29		Services	Services	Day Services	Services Program (1)		Program (2)	
1	Medi-Cal Costs	07/01/04 - 09/30/04	111111111111111111111111111111111111111				666,596	Curvicus	415,070	5,525,205	5,940,275	81,521	6,021,795
1A		10/01/04 - 06/30/05					2,179,129		1,242,053	17,584,674	18,826,727	38,794	18,865,521
2	Medi-Cal SMA	07/01/04 - 09/30/04	1,1,1,1,1,1,1,1,1,1,1,1				627,764		337,057	8,458,169	8,795,226	70,917	8,866,143
2A		10/01/04 - 06/30/05 07/01/04 - 09/30/04	100000000000000000000000000000000000000				2,052,001		1,008,607		27,633,430	100,219	27,733,649
3 3A	Medi-Cal P. C.	10/01/04 - 06/30/05					1,506,389 4,928,436		337, <u>05</u> 7 1,008,607	8.458,169 26,624,823	8,795,226 27,633,430		8.795,226 27,633,430
4	M-#:0-IN D	07/01/04 - 09/30/04					4,320,430		1,00,00,007	20,024,023	27,000,400		27,033,430
4A	Medi-Cal N. R.	10/01/04 - 06/30/05											
5	<u> </u>	07/01/04 - 09/30/04					627,764		415.070	5,525,205	5,940,275	81,521	6.021,795
5A	Medi-Cal Gross Reimbursement	10/01/04 - 06/30/05					2,052,001		1,242,053	17,584,674	18,826,727	38,794	18,865,521
		07/01/04 - 09/30/04					210,584			47,780	47,780		47,780
6A	Medicare/Medi-Cal Crossover Cost	10/01/04 - 06/30/05	100000000000000000000000000000000000000				533.739			121,752	121,752		121,752
6A 7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04					198,247			74,047	74,047		74,047
7A	medical emedical Clossover SWA	10/01/04 - 06/30/05					502,469			188,686	188,686		188,686
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04					477,400			74,047	74,047		74,047
8A		10/01/04 - 06/30/05	121212111111111111				1,210,000			188,686	188,686		188,686
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05											
	argrana na na <u>rana farana ra</u> ga na								*,*,*,*,*,*,*,*,*,*			<u> </u>	
10 10A	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05	#14141414141414141414141414141414141414				198,247			47,780	47,780		47,780
	natarahanatatatata <u>jangga</u> arahanatatatahanatatatat						502,469	reseases	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	121,752	121,752		121,752
11	Total SD/MC + Crossover Gross Reim.	07/01/04 - 09/30/04	12111111111111111				826,011		415,070	5,572,984	5,988,055	81,521	6,069,575
11A		10/01/04 - 06/30/05	4				2,554,470		1,242,053	17,706,426	18,948,479	38,794	18,987,273
12	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04											
12A		10/01/04 - 06/30/05											
13 13A	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05											_
14	Estated OD #40 (Oblidate) D. C.	07/01/04 - 09/30/04											
14A	Enhanced SD/MC (Children) P. C.	10/01/04 - 06/30/05											
15	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04											
15A		10/01/04 - 06/30/05									*,*,*,*,*,*,*,*,*,		
16	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04											
16A		10/01/04 - 06/30/05											
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05	- dadadadada										
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 06/30/05											
19	Enhanced SD/MC (Refugees) P. C.	07/01/04 - 06/30/05											
20	Enhanced SD/MC (Refugees) N. R.	07/01/04 - 06/30/05	1							-1-1-1-1-1-1-1-1			
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04					826,011		415,070	5,572,984	5,988,055	81,521	6,069,575
21A	(Excludes Refugees)	10/01/04 - 06/30/05					2,554,470		1,242,053	17,706,426	18,948,479	38,794	18,987,273
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05	100000000000000000000000000000000000000										
23	Healthy Families Cost	07/01/04 - 09/30/04							2,287	58,426	60,713		60.713
23A		10/01/04 - 06/30/05							6,751	239,540	246,291	176	246,467
24 24A	Healthy Families SMA	07/01/04 - 09/30/04	25131513131313131				<u> </u>	ļ	1,857	90,282	92,139	528	92,139 376,711
24A		10/01/04 - 06/30/05 07/01/04 - 09/30/04	100000000000000000000000000000000000000					 	5.482 1,857	370,701 90,282	376,184 92,139	528	92,139
25 25A	Healthy Families P. C.	10/01/04 - 06/30/05							5,482	370,701	376,184		376,184
26 26A	Healthy Families N. R.	07/01/04 - 09/30/04				<u>ledddddd</u> d						<u>Prophylichidaid</u>	
26A	reamy Families II. IV.	10/01/04 - 06/30/05						L.,					
27	Handar Francisco Comp. Bolin	07/01/04 - 09/30/04	1	hiddidi		Hillian		*************	2,287	58,426	60,713		60,713
27A	Healthy Families Gross Reim.	10/01/04 - 06/30/05							6,751	239,540	246,291	176	246,467
	Less: Patient and Other Payor Revenue												
28	SD/MC + Crossover Revenue	07/01/04 - 09/30/04			HIGH STATE		58,614	_	1	20,074	20,074		20,074
28A	Enhanced SD/MC (Children) Revenue	10/01/04 - 06/30/05	120000000000000000000000000000000000000				110,216	 	-	46,489	46,489		46,489
30	Enhanced SD/MC (Children) Revenue		121212121212					+			 		
31	Healthy Families Revenue										<u>t-</u>		
	Total Expenditures from MAA (Mode 55)	000000 <u>000000000</u>	opsisistski kirist		probléddiá	promidalalal							
32 33	Medi-Cal Eligibility Factor (Average)		100000000000000000000000000000000000000	 		******		1	1 	Hillian III	 		
34	Revenue - MAA		- 	100000000									
	<u></u>	07/04/04 00/20/04			1		707 907	***********	415,070	5,552,910	5,967,981	81,521	6,049,501
35 35A	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04	100000000000000000000000000000000000000	and the state of	a a a a a a a a a a a a a a a a a a a	la constante	767,397 2,444,254	+	1,242,053	17,659,937	18,901,990	38,794	18,940,784
36	Net Due - Enhanced SD/MC (Refugees)	1100 1104 - 00130103			1:::::::::::::::	tiididididid	1 -,,204	 	.,,,,,,,,	,555,557		55., 54	
37	Net Due - Healthy Families	07/01/04 - 09/30/04			Barrier Hill				2,287	58,426	60,713		60,713
37A	Net Due - Fleating Families	10/01/04 - 06/30/05						L	6,751	239,540	246,291	176	246,467
1	Amount Negotiated Rates Exceed Costs	. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The State of the S										
38	SD/MC (Includes Children)	07/01/04 - 09/30/04	<u> Internation</u>										
38A 39	, ,	10/01/04 - 06/30/05					1	+				<u>production in the contract of</u>	
39	Enhanced SD/MC (Refugees)	107/04/04 DO/00/07	4000000000		<u> (* 1988)</u>		1	+		 		<u> </u>	
40	Healthy Families	07/01/04 - 09/30/04 10/01/04 - 06/30/05	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1-1-1-1-1-1-1-1		1					111111111111111111111	
40A		11010/104 - 00/30/03	<u> </u>		10 (22 (22 (22 (22 (22 (22 (22 (22 (22 (2							<u> المؤلفة من من من من والموالون و موالو</u>	

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: KERN COUNTY County Code: 15

Legal Entity: KERN COUNTY		Α	В	_c	٥	E	F	G	H		J
Legal Entity Number: 00015	-	Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)										
1 County SD/MC Direct Service Gross Reimburse	ment		3,380,481	25,056,848	28,437,329						
2 Contract Providers Medi-Cal Direct Service Gros	s Reimbursement		901,380	14,462,567	15,363,947						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				43,801,276						
4 Medi-Cal Administrative Reimbursement Limit					6,570,191						
5 Medi-Cal Administration					3,825,208						
6 Medi-Cal Administrative Reimbursement					3,825,208	1,912,604					1,912,604
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross R			11,1,1,1,1,1,1,1,1,1,1,1,1,1,1	307,180	307,180						
7A Contract Providers Healthy Families Direct Serv				445.813	445,813						
7B Total Healthy Families Direct Service Gross Rei			14444444		752,993			H ericania			
8 Healthy Families Administrative Reimbursemen					75,299						
9 Healthy Families Administration			l ambhhiaid	liddaeda id	41,016						
10 Healthy Families Administrative Reimbursemen			li deletetetetete		41,016				26,660		26,66
SD/MC Net Reimbursement for MAA	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09			12112121212121			<u> </u>					1411/11/11/11/11
	Medi-Cal Admin. Activities Svc Functions 07 - 09 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 [Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										<u> </u>	
e personale de la companye de la com		*,*,*,*,*,*,*,*,*,			<u> </u>					<u> </u>	, * , * , * , * , * , * , * , * , *
14 Utilization Review-Skilled Prof. Med. Personnel	(County Only)				660,720					495,540	495,54
15 Other SD/MC Utilization Review (County Only)					1,018,767	509,384					509,38
16 6004631-40-1-1	07/01/04 - 09/30/04		767,397	6,049,501	6,816,898		3,408,449				3,408,44
16A SD/MC Net Reimbursement for Direct Services	10/01/04 - 06/30/05		2,444,254	18,940,784	21,385,038			10,692,519		1	10,692,51
47	07/01/04 - 09/30/04		2,111,207	10,210,707	21,505,552					idalah dalah da	
17A Enhanced SD/MC Net Reimb. (Children)	10/01/04 - 06/30/05										
18 Enhanced SD/MC Net Reimb. (Refugees)		ricialità de la constanta de la constanta de la constanta de la constanta de la constanta de la constanta de la									
	<u> </u>						111111111111111111111111111111111111111			1	17,018,49
19 Total SD/MC Reimbursement Before Excess FF 20 Amount Negotiated Rates Exceed Costs - SD/M			100000000000000000000000000000000000000								17,018,49
21 Total SD/MC Reimbursement (FFP)	C & ETHT. SD/MC		1000000000000	*101010101010101010	HATE THE PARTY OF						17,018,49
22 Contract Limitation Adjustment			 				11111111111111111				17,010,47
23 Adjusted Total SD/MC Reimbursement (FFP)			1								17,018,49
			1.0-1.0-1.0	<u> </u>			100000000000000000000000000000000000000		1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24 Healthy Families Net Reimbursement	07/01/04 - 09/30/04			60,713	60,713				39,463		39,46
24A	10/01/04 - 06/30/05		I	246,467	246,467			<u> proposition</u>	160,204		160,20
25 Total Healthy Families Reimbursement Before B			positicadal	<u> Haddidididid</u>			<u> </u>	Parametrical	<u> </u>		226,32
26 Amount Negotiated Rates Exceed Costs - Healt	hy Families	<u>panggapini</u>		 	 	<u>perceptablish</u>			\$1100000000000000000000000000000000000		1
27 Total Healthy Families Reimbursement		Established	400000000000000000000000000000000000000	Material Control of the Control of t						<u> 4 (194) (194) (194)</u>	226,32

Per Settled Cost Report - SD/MC	16,217,317	
Per Settled Cost Report - Healthy Families Total	232,734 16,450,051	
,,,,,		
Variance	794,772	

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	1,912,604
Line 10: Column D minus Column H	14,356
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	165,180
Line 15: Column D minus Column E	509,384
Line 16: Column D minus Column F	3,408,449
Line 16A: Column D minus Column G	10,692,519
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	_
Line 24: Column D minus Column H	21,249
Line 24A: Column D minus Column H	86,264
TOTAL STATE SHARE SD/MC COST	16,810,004

CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2004 - 2005 HOSPITAL ADMINISTRATIVE DAYS

MH 1991 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

COUNTY NAME: KERN COUNTY		LEGAL ENTITY		NAME: KERN COUNTY						
COUNTY CODE: 15	_	LEGAL ENTITY		NUMBER: 00015						
A	В	С	D	Ε_	F	G	Н	1		
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT		
		\$236.82	07/01/04 - 07/31/04	3	\$ 710			\$710		
SD/MC		\$236.82	08/01/04 - 09/30/04	13	\$ 3,079			\$3,079		
ob life		\$236.82	10/01/04 - 12/31/04	5	\$1,184			\$1,184		
		\$236.82	01/01/05 - 06/30/05	34	\$ 8,052			\$8,052		
Children EMC		\$236.82 \$236.82 \$236.82	07/01/04 - 07/31/04 08/01/04 - 09/30/04 10/01/04 - 12/31/04				Sub Total;	\$ 13,025		
		\$236.82	01/01/05 - 06/30/05		enter		Sub Total:			
Refugees EMC		\$236.82 \$236.82	07/01/04 - 07/31/04 08/01/04 - 09/30/04				300 1001			
		\$236.82 \$236.82	10/01/04 - 12/31/04 01/01/05 - 06/30/05							
			and the second		, de alle services	Harris Harris	Sub Total:			
Healthy Families		\$236.82 \$236.82	07/01/04 - 07/31/04 08/01/04 - 09/30/04							
		\$236.82 \$236.82	10/01/04 - 12/31/04 01/01/05 - 06/30/05				NOTE: A LEGAL DIRECTION OF THE ALL OF TRANSPORTED OF	OMERICA STATE OF THE STATE OF T		
		4	GRA	ND TOTAL			Sub Total:	\$ 13,025		